

Question 11. Please describe what happened and the impact it had on you: (In response to Question 10. "Was your insurance coverage negatively affected in any way?")

1. Medical services were charged to me directly because it was stated that I had no insurance when I did. Time deducted from calculation of time accrued when I did not take time off.
2. See earlier comments
3. This $\$118.57 \times 2 = \237.14 in a two (2) week period put a hardship strain on my financial status. I was eating peanut butter for a month.
4. Unable to get Health care.
5. I had surgery, doctor office called and said I had no insurance coverage.
6. For a month, my children were not on my wife's insurance plan as dependents.
7. Was unable to get medication that I needed because Rx stated I was not in system. Husband had to change doctor appointment because he was drop from my insurance and I had not made any changes to cause this.
8. My insurance coverage was suspended for both months causing all claims to be denied. I am still having to re-submit claims due to non-payment.
9. increased
10. could not receive prescription because of wrong date.
11. Pharmacists was willing to fill my prescriptions until problem resolved.
12. I recently returned to state government. Two health insurance premiums were scheduled to be deducted from my paycheck, one for April and one for May on April 30. I was informed of this on April 16th when I called advising no deductions had been taken from my paycheck. I was further notified I did not have current insurance. I was previously told my insurance would begin on April 1. I have a wife and my son was born on April 19th. Health insurance is vitally important. I had to write a personal check to start my coverage. I have not been reimbursed for the double premium. Had I not wrote a personal check I still would have been charged a premium in April on April 30, but would not have had coverage.
13. I lost supplemental life insurance coverage for the period which put my family at great financial risk unnecessarily.
14. thought i had one type of insurance but had another and lost 3 hrs pay due to going to a dr that didnt accept the actual insurance i have!
15. I did not have dental insurance timely. One of my children was in need of having a filling and I had to pay out of pocket because I did not have insurance coverage.
16. I have personal insurance and the monthly payment was electronically deducted from my personal checking account on the fifteenth. Because my check was not deposited on the fifteenth I had to get money out of a savings account to pay my insurance and other bill until the first of this month, the following pay period.

Employee Survey

17. My health care provider had no reason to bill insurance if medical attention had been required. It is also uncomfortable to think what might have happened in an emergency situation.
18. My insurance was cancelled.
19. There was not an insurance premium deducted from my check. I was scheduled for surgery in 2 weeks. The benefits page said I had waived insurance coverage, when I had not.
20. My insurance was cancelled and had to be backdated to show coverage.
21. I continue to receive billing and letters from Cigna that the State is not paying my premium and I owe money to the Doctor! I have excellent credit and have never been late on any of my personal bills, I don't believe it is right to owe someone and not pay your bill. This has put me in a very uncomfortable position. The State (Edison) is taking money out of my check since January, but Cigna is not receiving it. What do I do? Most insurance companies will not continue service without premium payment! Do I still have insurance? The TDOT insurance office has been very courteous but, every time I call they are as frustrated as I am...
22. My 'free' life insurance was fraudulently bundled with my health insurance.
23. It took months before my husband was added back as my dependent. He needed medication, but refused to pay out of pocket and did without. Doctor also refused to see him without payment up front since he was showing as having no insurance. Postponed appt. twice.
24. I was told by Benefits Administration (this is where my supervisors directed me) that I would have to drive to Nashville and pay my premium in order to have coverage for a doctor's visit and medication in January because the premium was not deducted as it should have been. I was also told that I would be reimbursed within a month but that still has NOT happened as of today. The premium was deducted twice in one paycheck the following month after I was ensured that this would not happen. My reimbursement and check have NOT been fixed as of today. The impact is that it affected my emotional/mental status and my finances which it still continues to do because it still has not been fixed. I originally understood when people would reassure me that it was going to be fixed. I have given up and have lost faith now because I think they only tell you what you want to hear to pacify you and the situation and buy time instead of just being honest.
25. I was informed that my dental insurance was canceled.
26. System showed no insurance coverage for family member. I had to pay whole amount involved.
27. impact is such, that no eligible for insurance, till full time, and cannot apply for full time position, without going through Edison to get put on roll for employment
28. Could not go to the dentist
29. This delayed the insurance coverage for my daughter, and has resulted in confusion with hospitals and Dr offices that I am still resolving.

Employee Survey

30. I came on the insurance plan due to a qualifying event and my coverage was enrolled and then termed and it caused us to be without insurance coverage for over a month and we had to pay out of pocket for all RX and doctor visits and then we were informed that we were to pay \$636.00 for our medical insurance to be enrolled so that we would not have to go through another month of being without insurance only to be refunded \$262.00 6 weeks later for an overpayment of premiums.
31. My wife, two children and I were exposed to extraordinary risk during the period due to not having any health or life insurance. In addition, others in my agency were denied health benefits when they went to hospitals and doctors offices which resulted in intensive efforts by my staff and supervisors to get their benefits restored.
32. I had surgery in January, in a different town, I had an issue with medication, when I went to pick up prescription, birthday was wrong, didn't cover my med. I changed birthday and then in a month or so, it happened again, and then a little later, it happened again.
33. I was sent letters stating that I had not paid my insurance and that it may be canceled.
34. My husband and I were without insurance coverage for more than a month. We traveled out of state and thank goodness we didn't need medical services. I have chronic hypertension and could not get my medication. This is how I found out the insurance was closed in error by the system.
35. Payment for service was denied. We paid for the service that was provided.
36. Dental coverage did not go into effect when it was supposed to.
37. New employees are not added to ins program in time for the mthly deduction and have to be double deducted at end of 3rd month.
38. Had to pay full price for prescriptions, and resubmit for refund... real stressfull, esp when money is tight.
39. One of my sons was dropped off of coverage. I don't know how long he had not been covered. And, I wouldn't have known if I had not requested additional insurance cards form Blue Cross. He was not listed on the paperwork that I received with the cards. When I checked Edison from home, it indicated that all four (4) of us were covered. However, upon calling Blue Cross and checking online while waiting on a representative, I found out that he was not covered even though Edison showed that he was. The following day I contacted Benefits Administartion to correct the problem. It took much more than a week to get the problem resolved with blue cross. During that time I received an email from a co-worker informing about problems with Edison dropping coverage and the need to check Edison to verify coverage. I immediately informed my co-workers in the field office and the central office to contact their insurance company to check on coverage instead of Edison and related my problem. Fortunately, my son was neither ill or injured during the time he was not covered. It definately demonstated that with respect to insurance coverage Edison was unreliable. And, I would not have even known about the problem through Edison because I have family coverage and the rate charged would not change if any one person was dropped from coverage. The impact on me and my family was the intense fear of illness or injury to my son during the time he was not covered. And, the constant concern even today as to whether we are covered or

Employee Survey

- not by insurance. Unfortunately, I do not check with them consistently. I feel like I am putting them out and wasting their time when I call to check.
40. I received bills for physical therapy and from my doctor's office. When I called the hospital I was told that I no longer had insurance! I then looked at my paycheck and my medical insurance premium had not been deducted. I mailed a check to pay for the premium. Then in January 2009 my deduction for medical insurance was double what it should have been! When I received my refund, taxes were deducted from it!
 41. I was on maternity leave and I could not go to doctor.
 42. Edison disenrolled my husband from our dental insurance. We had not noticed until a claim was denied. The state resolved the issue quickly but they took 3 months of premium dues from one check once the problem was identified.
 43. My family and I were disenrolled with Blue Cross / Blue Shield on the 1st of each month (for October, November, and December.)
 44. Deduction was calculated on amount!
 45. In a change over, doctor bills were not paid for over 60 days, but at no time was the money not taken out of my check for the insurance.
 46. Cobra payments were being automatically deducted from my checking, and did for a while then ended insurance was cancelled. Took two months to get fixed after many many phone calls and finally faxing the director.
 47. I had requested my dental insurance to go from family to employee plus one back in November of 08'. My request was not completed until about March 09' To get resolved I had to contact our in-office insurance person several times and make written request on form and mail in. It was not resolved thru Edison.
 48. When I went to have a vision exam I was told that I did not have coverage when I was covered. It took 3 months to get my money refunded.
 49. My insurance coverage was "cut off" in December, January and February when , in fact, it should not have been "cut off" at all.
 50. was without coverage, even though payments were taken out of my check
 51. My Flexible Benefits Plan did not begin until February, 2009. It had to be calculated to fit 11 instead of 12 months.
 52. New insurance company received incorrect information about my status and was refusing to cover pre-existing conditions. Made a couple more attempts to call benefits and found out it was likely Edison. Two separate doctor's offices almost refused my copay and I had to beg them that this was all big mistake. Regarding dental insurance error I had to plead that it was all a big mistake and that I had coverage.
 53. called personnel, they checked into it, and made sure we were covered
 54. i had to pay for some prescriptions.
 55. Insurance was taken out of longevity pay, which makes no sense. That negatively affects me by my longevity pay being less than what I expected it to be, thus causing a reduction in expected income.

Employee Survey

56. went for a prescription and was told insurance was cancelled, payment was being taken out and suddenly ended no explanation could be given
57. No one was listed as beneficiary for life insurance
58. Again, I work in the Human Resource Division and the employees are my concern and there has been several where their insurance has been cancelled, reinstated and cancelled again. Of course your statement states something that has personally affected you and not hear say. When you have to assist an employee that has been personally affected, that you have personally had to deal with the problem on behalf of the employee and like always the problem continues to arise.
59. My family & I did not have dental insurance for an extended amount of time.
60. I'm answering yes, as there is not an option to pick unknown. I plan to ask HR to do an audit of my pay and leave and benefits to ensure that mistakes were not made. As my employer, I rely on the State to pay me and pay me correctly.
61. Coverage was changed from single to family. Amounts were wrong some months and right some months. Still not received reimbursed for overage taken from my check.
62. I am concerned that life insurance benefits would be tied up and not issued to my beneficiaries right away or at all.
63. paid for two months coverage and son was not on policy according to united health care.
64. My insurance gets cut off every month (since November 2008) and I have to contact someone to get it turned back on. I have had to pay for prescription drugs out of pocket and I have been hounded by doctors offices to pay my bills.
65. My health insurance coverage had been cancelled and it effected my doctor bill and pharmacy, delaying needed high blood pressure medicine.
66. I cannot get a correct insurance card with my correct name on it
67. Dropped wife from presrip coverage twice
68. At the time we submitted our paperwork to add my spouse to my insurance,(mid november) my HR person told me that if he had to get prescriptions or see the doctor that all I needed to do was get a number from her. When I tried to do this late december, we found out that the information had not gone to the insurance company and he was not covered. I was told at that time by benefits dept that the new premium amount had been taken out for January but they could not figure out how to take out the back pay for premiums in Edison. I was told that I would need to send a check for the back pay. I asked when I would get my money back if then they did figure out how to do it and it took the money out of my check and was told that with edison they had no idea when i would be my money back. It would probably takes MONTHS! Most state employees don't have an extra 400 dollars to spend on insurance around Christmas.
69. According to fiscal services, my insurance was not deducted from my check in Oct. They want me to pay it now.
70. My wife was not covered by insurance for almost three months.

Employee Survey

71. My insurance was not deducted from my payroll check in October. I mailed a check to Nashville, which cleared the bank in 5 days. After going to the pharmacy in Nov. I was informed that I was not covered. I was told to call the Edison helpdesk where it was acknowledged that payment had been received and the problem would be fixed. I continued to show as inelligible for benefits for 6 more months. Have to make phone calls on a weekly basis. As a single mother of two children this has been a nightmare. After I finally broke down into tears at work, my supervisor sent many e-mails and made phone calls to try and find someone to help me since the Edison helpdesk would/could not help and the issue was resolved about 2 or 3 weeks later.
72. I had to send in payments myself. My premiums were supposed to be taken out of my "pre-taxed" pay.
73. My insurance was cancelled and I was considered to be terminated.
74. I told my local Human Resource I had no health insurance. They did what they could. I made several calls to F&A and re-faxed info. Local HR said I would probably be treated at an ER if needed. The impact it had on me? I was on pins and needles for almost two months but didn'tell my family because I knew they would be even more upset.
75. I did not have coverage for my family which consists of two small children. During the time that Edison had my insurance messed up my children had the chicken pox and really bad colds and I had to pay for their treatment out of my pocket.
76. I had to wait 2 weeks after the effective date to get coverage.
77. copayment of medical drugs was cut off....go figure how that could have happened!
78. money was not taken out - as if I were not enrolled. Had to wait for that to be corrected to be reimbursed for treatments - waited till Feb 09 for over \$500 reimbursement.
79. This was my husbands insurance and he was cancelled because they did not submit it properly after retirement. Plus payments where not coming out of his paycheck. Every month he would contact them to find out what was going on. Finally got it straight the end of this month.
80. My spouse was not covered for dental insurance for over two months but yet I am being charged for that time.
81. For three months I did not have dependent coverage during which time I did not know that my coverage had been dropped and my daughter had an emergency room visit that turned into a hospital stay and major oral surgery that did not get paid for several months because of the mistake.
82. I went to have a perscription filled and they said that I had been dis-enrolled from my health insurance.
83. Dental was cancelled, deduction continues.
84. one employee lost coverage and they wanted to take the next 3 payroll checks to make him current. One employee had a dependent on insurance they had no idea who it was. Some have had FICA adjustments with no explanations. Still have not had anyone explain the breakdown of payroll checks to me or my employees.

Employee Survey

85. I had to pay double the amount of premiums because the money was not taken out.
86. I enrolled my wife for a December 1 start date for Health and Dental insurance (we were married in November). She never got added to insurance until mid to late January when we went to the doctor and realized Cigna did not even have my wife on file. Once she was on file, and even though I was hand delivering cash to F&A Benefits to ensure we were covered, my check started having double deductions for health insurance and my dental insurance was the wrong provider.
87. They still have my husband's date of birth wrong. I have asked it to be changed twice.
88. My husband lost a source of life insurance.
89. I did not have medical insurance for one month. The next month my insurance card was wrong and reflected the wrong primary care physician. During that same month my dental benefits were not deducted from my check.
90. Change Ins. then drope from family to signal courage took three days to get it back. You may call me at [PHONE NUMBER REDACTED] [NAME REDACTED]
91. I was misidentified as a Cobra client for several month, causing delay in payment of medical fees and costs after a major surgical procedure. After sometime however the problem has been resolved.
92. I took my son to the doctor and it was not covered.
93. Initially denied a medical insurance procedure because I had no insurance.
94. Insurance was canceled and took over two months to get it back- had to end up paying all insurance premiums during one pay period even though I had not been able to use insurance for over two months.
95. Yes, my husband had no coverage for October.
96. Dependant Coverage souse and child
97. I was unable to access parts of my section including who I wanted for my beneficiary and how much I wanted to pay for my 401K
98. I didn't get my insurance coverage until 1 month after the I suppose to be covered.
99. I believe that it is the cause of my claim being rejected. I will pay the cause and hope for the best.
100. Since my benefits were not decucted from my paycheck they will probably be deducted twice at the end of the pay period for next month. I don't know how that effected my tax bracket for the pay period that they were not deducted. I'm sure it put me in a higher tax bracket since benefits are deducted in pre-tax dollars
101. My daughter was disenrolled from my medical coverage and therefore was denied treatment by her doctor. Luckily her ailment at the time was not life threatening.
102. I didn't get a check for my first payperiod that I was suppose to receive one and therefore insurance wasn't deducted and insurance still hasn't paid for my medical visits incurred during that time period.
103. My family avoided visiting the doctor throughout November, December, and january.

Employee Survey

104. why is the question about insurance coverage below mandatory? there must have been major problems with this or it wouldn't be mandatory. please let us know so we will know to look for? (another uncertain factor for us.)
105. After 30 days of my daughters birth, she had no health coverage. All of her claims were denied. I had to pay for all Rx out of my pocket. Several calls were made to have her put on my insurance plan, and I faxed all papers and documentation that was needed. It seemed like nobody had any idea what was going on. Claims for her care are still being fixed, and she is 24 weeks old. I was told that adding her to my insurance had gotten lost in Edison.
106. Step daughter was dis allow prescription
107. Mix up in what dependents were supposed to be on the insurance coverage
108. Was disenrolled, repeatedly had to call every Monday to get re-enrolled.
109. As described above,I had insurance premiums deducted in March for Nov.-Feb. I only received a half of a check in March due to this. I couldn't use the insurance from Nov-Feb but I still had to pay for it.
110. Children were dropped from medical and dental. Emergency medical issue was in the process of affecting credit score. Also, I had to pay out of pocket difference in dental premiums for 1 year.
111. I went to a doctors appointment in April, when I went to check in they advised me that I did not have insurance. They advised me they would go ahead and let me see the doctor on that day. That afternoon I received a call from a doctors office that I had back in November. They advised me that they had been trying to get a bill paid since my last appointment but I did not have current insurance. After making several phone calls of being told they could not help me, I was advised by the Edison help desk that I was on military leave. I advised him I could not be on military leave. He advised I was and I tried to tell him again that I have never been in the military so I could not have ever been on military leave. After 2 days I finally had my insurance back that I had been paying for but did not have.
112. My beneficiaries were not listed at all for my insurance. They still aren't.
113. BCBS PPO was cancelled and Cigna POS AND Delta Dental were added without my authorization. One tests and doctor's appointment had to be postponed adding to my stress level. The resolution came just in time for me to keep another doctor's appointment and have a procedure done to determine whether a growth was cancerous...again adding to my stress.
114. Our baby needed some medicine and because she was not on my health insurance, we had to pay for it out of pocket. Also, we received many bills and phone calls from the hospital since they had not been paid.
115. I was suppose to start insurance in January but it didn't start until March
116. I spent days on phone between hr, insurance company, drug store. Numerous phone calls.
117. I was told if this wasn't taking care of me and my new born wouldn't have health coverage.

Employee Survey

118. They are taking out more in my insurance than they are supposed to each month.
119. It took an a extra month to get my insurance because the premiums were not taken out.
120. My daughter was removed in error. My child was uninsured, received numerous letters and telephone calls from physicians' office. I had to next day my premium payments that should have been withdrawn from my paycheck to Nashville in order to reinstate my daughter's insurance b/c she was due for surgery within a couple days.
121. My wife had individual coverage that she had paid for, for the months of 12/08 and 1/09. She was hospitalized in 12/08 for four days. The individual coverage was terminated after hospitalization, resulting in large bills and communication with all billing parties that in fact she was covered by insurance, but it was essentially a new insurance number. There may be no way around this, but it is certainly not a seamless process. Also a pharmacy cost had to be paid up front - and then run through the pharmacy system later for reimbursement and a credit. If I were not an accountant, I would have had trouble with this!
122. Premium amounts were not taken out correctly as well as a credit of premium payment that had been sent in was not recognized.
123. I could not get enrolled. I was, in effect, not enrolled my first month.
124. Larger co-pays on medicines and some of my families medication is not covered.
125. Double deducted
126. Claims denied for birth of newborn and subsequent treatment thereafter.
127. One of the employees we key the timesheet for had her insurance terminated. It has been resolved, but caused her much stress as she is undergoing treatment for cancer.
128. I was being charged for family insurance but my wife was not showing activated. This caused multiple problems with doctor payments
129. insurance does not pay like it did before..the dr. is sending me bills.
130. Had to refile claims for wife due to lapse in insurance
131. I was not allowed to have a service performed at a hospital and had to come back the next day. Also, problems with my pharmacy and showing that I had insurance.
132. payment deductions... had to send personnel check 2 separate months and was not communicated whether i had coverage.
133. I was without insurance for a while...E.O.B's were not being paid.
134. Employee still does not have insurance. Deductions weren't taken out of check and now they want to deduct four months in one paycheck.
135. I had no coverage.
136. I signed up for insurance Dec. 1st. I recieved insurance (health and dental) cards in the mail. I DID NOT HAVE ACCESS TO EDISON TO CHECK PAY STUBS UNTIL THE MIDDLE OF JANUARY. Five months worth of premiums were taken out from one check, without warning. 3 weeks later I went to the doctor only to discover that my insurance was still not in effect!!!!!!!

Employee Survey

- 137. I don't have state insurance so the proper answer should have been provided as "NOT APPLICABLE" which is another indicator of the lack of planning for the entire process.
- 138. I was denied medication heart medication coverage at pharmacy
- 139. I don't understand it.
- 140. My Dental Ins. was not changed, and I could not go to my new dentist for five months.
- 141. There was no insurance because it was not properly deducted. So, I paid for it out of my own pocket. The next month it was accidentally deducted twice.
- 142. I was told that I could not get health insurance because the system would not process me during open enrollment after I had been told (while data capture was in operation) that I could be processed at any time during open enrollment.
- 143. I CAN,T AFFORD ALL MY COPAYS,I SPEND OVER \$250.00 A MONTH ON COPAYS,THATS \$3000.00 A YEAR.ANOTHER DEAL WHERE THE STATE IS NOT TAKING CARE,OR DOES NOT CARE FOR ITS EMPLOYEES.
- 144. i am being told if i do not pay premium i do not owe for time period that i did not have coverage that current coverage will end
- 145. My pay was reduced due to the error.
- 146. changes made during open enrollment that should not have occurred
- 147. I tried to add my wife to my dental plan during the enrollment period in November. The people that put in the information into Edison to add her obviously could not correctly read the forms and identify what needed to be done. Incorrectly my wife was enrolled in the family dental plan covering me and my daughter as well on her pay check. My wife was supposed to have been added to my family plan under my paycheck. My dental plan has been in effect with the state from the begining of my employment covering my daughter and I. This caused a delay in my wife being able to recieve proper dental care. Also from the mistake that was made I have still not been refunded the difference from just adding my wife to my family dental plan versus a family plan being started for my wife and redundantly covering my daughter and I twice.
- 148. Was unsure of dental coverage during first half of January, causing me to delay dental appointment
- 149. Spouse filled out split-coverage family forms. This was submitted and entered into Edison without me being informed of the impending change - I already had family coverage for spouse and children. Spouse forms should have been changed to split coverage-single, since I was already in the system with family coverage. It seems as if there is no check-and-balance mechanism is place in the event a situation like this occurs.
- 150. Spouses information entered incorrectly and when he went to fill a prescription he was told he did not have coverage. I checke with help desk and his information had been entered incorrectly. It took approx. two weeks before it was corrected. It was an inconvenience for me. I had to check into Edison every day to see if the information had been corrected.

Employee Survey

- 151. It has a big impact not knowing if her insurance is still good from all the letters that she receives.
- 152. All components had to be corrected
- 153. IT TOOK ME A YEAR TO ADD MY GRANDSON AND DAUGHTER TO MY INSURANCE. NOW SHE WILL BE 25 AND STILL WORKING ON HER MASTERS DEGREE, BUT THEY CAUSED HER TO GO WITHOUT INSURANCE FOR OVER A YEAR. I FEEL SHE SHOULD BE EXTENDED AN EXTRA YEAR DUE TO THE "GAME" THEY HAVE PLAYED WITH ME OVER THIS PAST YEAR. ALSO, IT TAKES UP TOO MUCH TIME TO DO TIME IN EDISON WHEN WE HAVE A TIME KEEPER THAT WAS DOING PERFECTLY FINE UNTIL EDISON CAME ALONG AND RUINED US AND CAUSED A DECREASE IN WORK PRODUCTIVITY.
- 154. Bill Collectors called for payment. Momentary denial of preauthorized procedures and double deduction of insurance premiums by benefits admin.
- 155. I had to spend a couple hours resolving billing issues and trouble shooting what the issue was
- 156. employee resigned, insurance was terminated and it should not have been premium was paid up through May
- 157. Insurance company continues to say I am dropped from coverage. Have to call weekly to get this reinstated. Taking approximately 2 hours each week to deal with this issue for now 3 months
- 158. My spouse was added to my insurance effective January 1 but it wasn't done. When my spouse went to the physician he was told he had no insurance. He had to pay for visit.
- 159. A DR'S OFFICE CALLED AND STATED THAT MY DAUGHTER OWES ON BILLS THAT WERE SENT TO THE WRONG INS COMPANY AND THAT CIGNA STILL SHOWS HER ACTIVE.
- 160. Spouse was billed for services that would have been covered if the disenrollment had not occurred.
- 161. Employees not able to obtain services or medicines due to disenrollment. Employees adversely impacted financially by double, triple and arbitrary premium deductions.
- 162. I was not charged the correct amount of dental insurance, as I had increased it to the better plan. The deductible was not taken out of my check correctly, so one pay period, I had a much larger deduction removed to make up for the problem.
- 163. I had the wrong coverage for 5 months
- 164. See above. My wife cannot go to the dentist until this matter is resolved.
- 165. I was not covered at my doctor's office or prescriptions. Also, my son was added back to my insurance and he is over 24 years old.
- 166. stated we did not have coverage
- 167. It shows single instead of family
- 168. not entered into the system timely therefore not able to use coverage

Employee Survey

- 169. My husband was not placed on my insurance at the time he was supposed to and delayed him receiving his prescriptions
- 170. No pay raise for next three years so TN can pay for the Edison system which was found to be a total fluke in Nevada. Cheapest bid ain't always best value.
- 171. I had to pay some on the premium
- 172. possibly money for insurance that I don't know what it is and may have not signed up for
- 173. Did not have correct start date to cover birth of child.
- 174. It took quite a while for my husband to be added as a dependent on my medical insurance after we were married in October. I was told the information was submitted, but the edison department had not entered it into the system. Therefore, we had to pay for some of his medical bills out of pocket that should have been covered by insurance. Although we were later reimbursed, it was frustrating to have to pay the bills when he was a covered dependent.
- 175. Had to re-file.
- 176. I was getting EOB statements from BCBS stating that payment to my care providers was not made because my insurance premium was not made.
- 177. before i didn't have balance when i went to the doctor now i do on everything.
- 178. There was at least one day when I had no coverage
- 179. My medical provider could not bill my insurance and it looked to them as if I did not have health insurance.
- 180. doubled deducted and short money
- 181. 2 employees had insurance dropped. Had to spend great deal of time calling and emailing to get issue resolves. One employee was still having to send in his insurance premium for last month
- 182. Type of dental coverage was changed in 10-08, but was not changed with Edison
- 183. My husband had to go without insurance until the issue was resolved.
- 184. stopped some medication I was getting because them thought I was not recovering fast enough to warrant the expense now I am seeking some other treatment for my condition.
- 185. coverage was dropped
- 186. My health insurance should have been effective on Feb. 1. I was not in the system and my emergency surgery had to be delayed. I missed more work than necessary resulting in more time used, and running out of time to cover the actual surgery. My surgery would have been in Feb. but I had to wait until April to get it rescheduled and missed an additional 4 weeks of work.
- 187. There was a delay in adding my baby to the health insurance and that delayed the doctor visit for vaccinations.
- 188. We found out our insurance coverage had been dropped when we went to get our prescriptions. We had to pay for the prescriptions full price and did not get reimbursed

Employee Survey

- becuse the situation was not resolved within 2 weeks and the pharmacy refused to bill the insurance and reimburse us.
189. have been threatened to have college daughter took off my benefits. One letter says she has been taken off then you go to insurance and payroll and they say she is still on the insurance premium. I don't think any one can give a clear answer on this.
 190. I had no health or dental insurance.
 191. In January 2009, I had submitted a request for family coverage to begin in November 2008. This was not applied until April 2009 and the insurance was only backdated to December 2008. I have paid almost \$3,000 out of pocket for the birth of my child because of this. The problem has not been corrected to date. Further, the insurance premium was taken out of my paycheck for 4 months without any notice. Luckily, I did not have to make a house payment that month or I would have been behind on my mortgage.
 192. The insurance would not pay for my son medicine. That was resolved after the policy was reinstated.
 193. I changed my insurance from Blue Cross to Cigna, due to marital status change. I did this in November 2008, but when I needed insurance in January 2009 I was not covered. Also, when the monies came out they had charged me the Blue Cross fees and not the Cigna fee. They corrected this in late January 2009, but my overcharge was corrected in April 2009.
 194. The entire month of February BCBS said I was no longer covered due to lack of payment. Sometimes I would call and they would say yes I was. Prescriptions were a problem as well as procedures. I was so stressed out I broke out in sores on my head.
 195. Refusal by PCP as my coverage was converted from PPO to HMO
 196. My daughter was dropped from my insurance for no reason. It took forever to get her added back on.
 197. daughter was taken out of system. what if she had gotten sick and im being told she had no insurance coverage
 198. Said I had no coverage during this period.
 199. insurance was deducted from my check twice. As soon as I noticed this I called for someone to correct the problem and the individual told me that I just did not understand how the system worked and it was correct in the beginning. When in fact I was right my insurance had been deducted twice.
 200. My wife and step-daughters insurance coverage was not taken effect but I continued to be billed for it.
 201. unknown, have not used the insurance.As far as I know no negative problems.
 202. My wife and children have repeatedly been dropped from insurance coverage. Deductions for Premiums have been taken from my salary even though they were paid out of pocket and on time during the period I was out of work. No compensation has been made to date to our family and we continue to get statements from the insurance

Employee Survey

company and providers saying we are not covered. Prescription coverage has been denied and only partial compensation has been offered even with proof of purchase price by receipt. This fiasco has cost our family more than 300 dollars a month since september. Not to mention the time spent trying to resolve the issues with faceless operators who obviously seem to fear for their safety because of their inability to resolve issues in a system that does not work properly. During these hard times 300 dollars a month has a huge impact on my families quality of life especially considering that state employees do not receive a cost of living increase during the worst economic times in the last 90 years.

- 203. to much taken out.
- 204. A visit to the emergency room was not paid and I am still dealy with it
- 205. My son was without insurance yet I was still paying for it.
- 206. Had to pay full amount as I and my wife were not covered at the time for Dental insurance
- 207. I was told I had to pay for my coverage and I asked why because it should be taken out. I did not stop it and they told me it was because I was injured in Aug. and used workmans comp in Sept and it was stopped at that time. Same resons why my 401K and 457 were stopped and not taken out of my checks but they have started back now. Just my dental coverage messed up.
- 208. Not sure if it was Edison. Addedd wrong dependant to dental resulting in claims being denied due to no coverage.
- 209. My daughter was not added as a dependant and her dental expenses were denied. Having to fight w/insurance over coverage. Paperwork has been sent 3+ times.